

SR
**UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service**

DIRECTOR, CENTRAL INTELLIGENCE AGENCY
2430 E Street, N.W.
Washington, D.C. 20505

60 West Broadway
New York 7, N.Y.

Attention: DEPUTY DIRECTOR, PLANS

Office	NYC
File No.	A8 085 626 S/CJ
Date	July 31, 1973 tg

Please furnish any derogatory information that may be contained in your files concerning the following person.

FBI Ident. Number _____

(LAST NAME) ✓ <i>LINNAS, Karl</i>	(FIRST NAME) <i>Karl</i>	(MIDDLE NAME) <i>N</i>	DATE OF BIRTH <i>8/6/19</i>	PRESENT NATIONALITY ESTONIA
OTHER NAMES USED (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.) <i>C</i>			PLACE OF BIRTH X IARTU, Estonia	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW(ER) <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED
			MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	HEIGHT <i>5'7 1/2"</i> WEIGHT <i>165 lbs</i> COLOR EYES <i>blue</i> COLOR HAIR <i>blond</i> IDENTIFYING MARKS

IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATES AND PLACES OF ALL MARRIAGES OR DIVORCES.

PARENTS' NAMES Father Mother	(Last name) <i></i>	(First name) <i></i>	DATE AND PLACE OF BIRTH (If known)	ADDRESS <i>NY 100-73</i>
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ORGANIZATIONS (Include any societies, clubs, etc., with which now or previously affiliated)	IP/EIS COORDINATION DATE: <i>14 AUG 73</i>
RESIDENCE LAST (5) (7) YEARS (Street & No., RFD, etc.) (City, state and country) 21 Goldsmith Avenue, Greenlawn, N.Y.	FROM TO INITIALS <i>RMB</i> <i>SAB USACCE</i>

EMPLOYMENT LAST (5) (7) YEARS (Employer's name) (Number, street, city, state) Lockwood Kessler & Bartlet Inc. 1 aerid Way, Syosset, N.Y.	IP/EIS COORDINATION FROM TO <i>SAB USACCE</i> DATE: <i>14 AUG 1973</i>
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LAST ADMISSION TO U.S. (Date, port and status) 8/17/51 NYC	PRIOR ENTRIES AND DEPARTURES (Dates and ports or if numerous, list years when previously in U.S.)	
	U.S. PASSPORT NO. (If known)	SOCIAL SECURITY #
REASON FOR REQUEST <input type="checkbox"/> DEPORTATION <input type="checkbox"/> ADM. TO U.S. <input type="checkbox"/> BENEF. PB #: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> ADJ. OF STATUS <input type="checkbox"/> SPONSOR PB #: <input type="checkbox"/> APPLICANT FOR CONDITIONAL ENTRY FOR RELIEF OF Investigations	ARMED FORCES SERIAL # AND BRANCH OF SERVICE	
RETURN TO U. S. Immigration and Naturalization Service 119 D St., N.E. Washington, D.C. 20536	Assistant Commissioner Investigations	

FOR AGENCY REPLY

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CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2004 2008

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